REGISTRATION FORM

California Health Benefit Exchange & Indian Tribes Meeting

July 6, 2012 • 1500 11th St, Sacramento, CA 95814

THREE WAYS TO REGISTER!

Registration is required and based on availability.



Online at: www.healthexchange. ca.gov/StakeHolders



Complete the
Registration Form
and mail to:
California Health
Benefit Exchange &
Indian Tribes Meeting
c/o CCE Conference
and Training Services
Sacramento State
3000 State University
Drive East,
Sacramento, CA
95819-6103



Fax to: (916) 278-4865

You are invited!

Registration is free however spa	ce is limited so please re	eserve your spot today!
Name:		
Affiliation:		
Title:		
Address:		
City:	State:	Zip:
Daytime Phone:	Fax:	
Email:		
(Important meeting information will available, information will be mailed)		rovided – if no email address
Special Needs		

Registration Questions? Please call (800) 858-7743

For updated information on the meeting please go to: www.healthexchange.ca.gov/StakeHolders